Disclosure Re	eport Cover					Amendment Ves No
Use this form for ge	eneral report and committee	informat	ion, must be	signell Ahd	18.2010 Jone with	other detailed forms
	n to update information		,	orginea una c	Monnacea anong with	other detailed forms.
1. Committee Info	mation					1.000
a. Full Name						c. ID Number
Francis for Sheriff						PJ6D6N
b. Mailing Address (inc	lude City, State and Zip Code)					d. Date Filed
190 Dark Corner R						
Rutherfordtonm NO	C 28139					
85						e. Phone Number
						828-247-0774
2. Report Year	3. Period Start Date (mm/c	dd/yy)	4. Period (mm/dd/yy)	End Date	5. Treasurer F	ull Name
2010	4-18-10		6-30	0-10	Jason Matthew	Harrill
6. Type of Commit		9. Typ	e of Report			ort from one category)
Candidate Camp	A STATE OF THE PARTY OF THE PAR	Munici			e/County	Referendum
PAC	Referendum		Organizationa	ı	Organizational	Organizational
Independent Expenditure Legal Expense F	Joint Fundraiser		Thirty-five day	y	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	10	Pre-primary		First	Final
Booster Fund"		1 🗇	Pre-election	X	Second	Supplemental Final
Building Fund			Pre-runoff		Third	Annual
			Semi-annual		Fourth	Special
Other:		ᅡ片	Mid Year Year End		Semi-annual Mid Year	10. Special Report Name
Other.		lΗ	Final	·	Year End	10. Special Report Ivame
8. Number of Fund	raisers this Report	1 🗂	Special		Final	
		1			Special	
11. Account Inforn	nation	li .		11. Accoun	nt Information	The second secon
a. Financial Institution					nstitution Full Name	
BRANCH BANKI	NG AND TRUST					
b. Purpose	c. Account Code			b. Purpose		c. Account Code
	d. Period Begin Balanc	e				d. Period Begin Balance
	\$					S
CERTIFICATION					1.3103.2.2.2.1	
		iance wit	h all applica	ble provision	ns of Article 22A 22	2B, & 22D-22M of Chapter 163 of
the NC General Stat	utes and that no funds are co	ommingl	ed with prob	ibited or other	er non-disclosed fun	ds. I further certify that this report
is complete, true and	l correct and that I have been	n trained	by the NCS	State Board o	Elections.	5/1.5
_Jason M. H			-/-	zell	X4////	1/8/10
	Printed Name of Signer		S	ignature of App	ointed Freasurer	Date
FOR OFFICE USE (7-2-10				1	Delivery Method
Date Received:	1-0-10		Employee:		In	Normal Mail
Date Postmarke	d:		Employee:			Registered Mail Hand Delivered
Date Scanned:			Employee:			Electronically Filed Signer has not received
Date Data Enter	red:		Employee:	-		mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Jse this form to summarize all disclosure reporting forms and to total monetary information

	in to summarize an discressive reporting forms a	ind to total monetary	mornation.	
	tee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
FRANCIS	FOR SHERIFF	2 ND QTR		PJ6D6N
Start of I	Election Cycle: January 1,	2010	Total this Reporting Period	Total this Election Cycle
4) Cash	on Hand at Start		\$ 473.82	\$ O
RECEIP	TS			
5) Aggr	egated Contributions from Individuals	(CRO-1205)	\$ 465.00	\$ 515.00
6) Cont	ributions from Individuals	(CRO-1210)	\$ 6056.50	\$ 13,501.50
7) Cont	ributions from Political Party Committees	(CRO-1220)	\$	\$
8) Cont	ributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan	Proceeds	(CRO-1410)	\$	\$
10) Refu	nds/Reimbursements To the Committee	(CRO-1240)	\$	\$.
11) Other	r Receipt Sources		THE PARTY	
11a)	Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) (Contributions from Not-for-Profit Organizat	ions (CRO-1250)	\$	\$
11c) (Outside Sources of Income	(CRO-1250)	\$	\$
11d) I	Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e)]	Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTA	AL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc, 11d and 11e)	\$ 6521,50	\$ 14,016.50
EXPEND	ITURES			
13) Disbu	rsements		100	
13a) (Operating Expenditures	(CRO-1310)	\$ 1040.74	\$ 3086.92
13b) (Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$
13e) (Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggre	egated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan	Repayments	(CRO-1420)	S	\$
16) Refur	nds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Ki	nd Contributions	(CRO-1510)	\$ 456.50	\$5431.50
18) TOTA	AL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 1497.24	\$ 8518.42
	on Hand at End (Add lines 4 and 12 together, then such	btract line 18)	\$ 5498.08	1 \$ 5498.08 /
ADDITIO	<u>ONAL INFORMATION</u>		125	A Paris Pari
20) Non-I	Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outst	anding Loans (incl. ones from other campaig	ns) (CRO-1430)	\$	
22) Debts	and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts	and Obligations owed To the Committee	(CRO-1620)	\$	
24) Accou	ant Transfers Within the Committee	(CRO-1720)	\$	The state of the s
25) Admi	nistrative Support	(CRO-1710)	\$	S
26) Forgi	ven Loans	(CRO-1440)	\$	\$
27) 48-Ho	our Notice Reports Sum	(CRO-2200)	\$	\$
28) Contr	ibutions to be Refunded	(CRO-1215)	\$	\$

Amendment

No

		butions from			Amendment Yes No
		and Fund if applical	ons From Individuals of		ID Number
	(r und ir upplicar		2.	1D Number
			Was and the American Area of the Control of the Con		
	itor Information				
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add Remove		Cash		6-5-10	\$ 30.00
Add Remove	1	1		1	\$ 20.00
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Add Remove	1				\$ 10.00
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Add Remove	1				\$ 30.00
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. Total of A	ALL CRO-1	205 Pa	ges					\$	465.00.
			_	RO-1100)					4/20 00

Contr	ibutions fro	m Individuals		1	Pg I of		Amendme	
Use this	form to report indi	ividual contributions	over \$50		The state of the s			
1. Comn	nittee Full Name	(and Fund if applica	ble)	17"		2. ID Nu	mber	
FRANCI	S FOR SHERIFF						PJ6D6N	
3. Contr	ibutor Informatio	on		Add R	Remove		-	AND THE
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	Holitical Community (ISB
	city, state, & zip)		wayer-early	RETIRED				
PAM KE								
	N DRIVE			c. Employer's Name/	Specific Field			
LAKEL	URE, NC 28746							
						e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	yyy)	k. Amoun	t
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							\$	
							\$	
3. Contri	ibutor Informatio	on		Add R	emove		Aug.	
a. Full Nan	ne, Mailing Address d	& Phone		b. Job Title/Profession	on	d. Commei	its	
	city, state, & zip)			RETIRED				
The Control of the Co	D LOFTUS					-		
	IEN ROAD			c. Employer's Name/	Specific Field	4		
LAKEL	URE NC 28746					e Flortion	Sum to Date	
						\$	250.00	
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Contract to the Contract of th	butor Informatio	W. D. S. C. C.			emove			
	ne, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Commer	its	
	city, state, & zip) FRANKLIN			RETIRED				
	NKLIN ROAD			c. Employer's Name/S	Specific Field	-		
	SBORO NC 2811	1		C. Employer's Name.	specific Field	1		
MOORE	320110 110 2011					e. Election	Sum to Date	The state of the s
						\$	50.00	
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							\$	
4. Total	only this Page					\$	v	500.00
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		m Individuals	over \$51	Pg			Amendmen	
		and Fund if applica		or contributions und	ici \$50 ii form Cr	2. ID Nu		17.5
	S FOR SHERIFF	and I ama is approx	<i>Sic</i>			2. 10 10	PJ6D6N	
3. Contr	ibutor Informatio	on		Add Re	emove			11
a. Full Nai	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comme	nts	
	city, state, & zip)			TEACHER				
	BRADLEY							
	G ISLAND ROAD RFORDTON, NC			c. Employer's Name/S RUTHERFORD (_		
KUTHE	Krokbion, NC	20139		KUTHERFORD	COUNTY SCH	e Election	Sum to Date	
						\$	200.00	
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							\$	
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	city, state, & zip)			SELF EMPLOYE	ED			
CLINT F								
123 BEA	R LANE NC 28018			c. Employer's Name/S	pecific Field	-		
BOSTIC	NC 28018					a Flaction	Sum to Date	
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						\$	50.00	
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							s	
3. Contri	ibutor Informatio	n		Add Re	move		37	
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	8	d. Commer	ıts	
	city, state, & zip)			REALTOR				
	ESATURO							
	IITE BIRCH TRL			c. Employer's Name/S	pecific Field			
WEDDIN	NGTON NC 28104	•		ALLEN TATE		a Flaction	Sum to Date	
							Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
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5. Total of ALL CRO-1210 Pages

Contr	ibutions fro	m Individuals		P	g I of		Yes	
Use this	form to report indi	ividual contributions	over \$50				_	
1. Comm	nittee Full Name ((and Fund if applica	ble)		W22	2. ID Nu	mber	
FRANCI	S FOR SHERIFF						PJ6D6N	
3. Contr.	ibutor Informatio	on		Add 🗌 Re	emove			19
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
	city, state, & zip)			RETIRED				
PEGGY	HOYLE RK CORNER ROA	A.D.		c. Employer's Name/S	Provide Plate	-		
	REPORDED NO. NO.			c. Employer's (value/s	specific Field	-		
						e. Election	Sum to Date	
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Ш							\$	
ALL OF THE PARTY O	ibutor Informatio				emove			4 - 74
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commer	its	
	city, state, & zip)			RETIRED				
The state of the s	Y BRADLEY K CORNER ROA	VD.		c. Employer's Name/S	Caralla Elabi	_		
	REPORDED NO 2			C. Employer's (value/s	specific ricia	+		
ROTTIE	d old for the 2	2015)				e. Election	Sum to Date	
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	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)			TEACHER ASSIS	STANT			
MARSHA		0.15				1		
	GHORN MILL RO			c. Employer's Name/S		4		
KUTHER	FORDTON NC 2	.8139		RUTHERFORD (COUNTY SCH	a Floation 9	Sum to Date	
			1			S	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
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5. Total	of ALL CRO	-1210 Pages				\$		
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100)		νp.		

		m Individuals	over \$5	Pg O or contributions und		20 1205 is n		
		(and Fund if applica				2. ID Nu		
FRANCI	S FOR SHERIFF						PJ6D6N	
	ibutor Informatio			Add Re	emove			
A STATE OF THE STA	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d, Commer	nts	
(include SUE FAI	city, state, & zip)			RETIRED				
1	KK OWE DAIRY ROA	VD.		c. Employer's Name/S	necific Field			
	CITY, NC 28139			от длироўся в типлед	preemeriem	-		
						e. Election	Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
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	city, state, & zip)			COLLECTIONS				
	A MCMAHAN ASANT HILL RO	MD		c. Employer's Name/S	nosific Field	-		
	REFORDTON NC 2			RUTHERFORD H		+		
						e. Election	Sum to Date	
						\$	100	
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7 00 20 20	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
JOAN BI	city, state, & zip)			NURSE				
	K CORNER ROA	VD.		c. Employer's Name/Sp	pecific Field	+		
	FORDTON NC 2			RUTHERFORD H				
						e. Election	Sum to Date	
						s	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
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	only this Page					\$	/	300.00
5. Total	of ALL CRO	-1210 Pages				\$		

Contr	ibutions fro	m Individuals		Pg	g of		Amending	_
Use this	form to report ind	ividual contributions	over \$50					
1. Comn	nittee Full Name	(and Fund if applica	ıble)			2. ID Nu	mber	
FRANCI	IS FOR SHERIFF						PJ6D6N	
3. Contr	ibutor Informati	on		Add 🗌 Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d, Comme	nts	
	city, state, & zip)			AG EXT AGENT	<i>E</i>			
JEFF BR	ADLEY ARK CORNER RO) A D		a Familian de Nome 16		-		
	RFORDTON, NC			c. Employer's Name/S	pecific Field	-		
I TO TITE!	0.00.00.00.00.00.00	20139		AG EXTENSION	fi	e. Election	Sum to Date	
							No contract of	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amoun	t
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	-	1						
							\$	- Hydritan garages
3. Contri	ibutor Informatio	on		Add Re	emove	W-12		
	ne, Mailing Address	& Phone		b. Job Title/Profession	ř	d. Commer	ıts	
	city, state, & zip)			TEACHER				
The matter trade and the second second second	BRADLEY							
	RK CORNER RO			c. Employer's Name/S		-		
KUTHER	RFORDTON NC 2	28139		RUTH COUNTY	SCH	a Flaction	Sum to Date	
						1000	#2100105601406	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	t
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							\$	
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	butor Informatio	003020		Add Rei	move			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	ā	d. Commen	ts	
-	city, state, & zip) A JOLLEY			TEACHER				
	OKRIDGE DR			c. Employer's Name/Sp	negifie Field	-		
	CITY NC 28043			RUTH COUNTY		-		
1014201	20013			Remedenin	Sen	e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
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							\$	
							\$	
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(m)						\$		

		m Individuals			Pg	of	/ 	_ Yes	No
Use this	form to report indi	ividual contributions	over \$5	or contribution	ıs unde	er \$50 if form CR	O 1205 is n	ot used	
1. Comm	nittee Full Name ((and Fund if applica	ble)				2. ID Nu	mber	
FRANCI	S FOR SHERIFF							PJ6D6N	
3. Contri	ibutor Informatio	on		Add	Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Prot	fession		d. Commer	nts	
	city, state, & zip)			TEACHER					
	DOTSON				- 11 - 122 - 1				
	NNERS GROVE I CITY NC 28043	RD		c. Employer's Na	ame/Spe	ecific Field			
FUREST	CITY NC 28043			RUTH COU	UTV S	CH	a Flortian	Sum to Date	
				Rom cool	1110		0.000	5275-277-277-2-5-1	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	ууу)	k. Amount	
	1	CHECK				06/05/2	010	\$	100.00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add 🗌	Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Prot	ession		d. Commen	its	
	city, state, & zip)			BROADCAS	TER				
JIM BISH					19702				
1178 HW	Y 221 A CITY NC 28043			c. Employer's Na WCAB	ame/Spc	ecific Field	-		
FOREST	CITT NC 20043			WCAB			e. Flection	Sum to Date	
							\$	105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
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								\$	
								\$	
3. Contri	butor Informatio	n		Add	Rem	iove		- 13	
	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession		d. Commen	ts	
	city, state, & zip)			SALES					
ANGELA					463				
246 ALL	CITY NC 28043			c. Employer's Na		eille Field			
TOREST	CITT NC 28043			ANGELA AI	LEN		e. Election S	Sum to Date	
							\$	110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	1	CHECK				06/05/2	010	\$	110.00
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5. Total	of ALL CRO-	-1210 Pages					¢	V	

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\$

		m Individuals	over \$50	Pg 0 or contributions und		.O 1205 is n	Amendment _	0
		and Fund if applica				2. ID Nu		
FRANCI	S FOR SHERIFF						PJ6D6N	
COUNTRY NAMED BASES AS SO	ibutor Informatio	ASSESSED TO THE RESIDENCE OF THE PARTY OF TH		Add Re	move			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commer	nts	
	city, state, & zip)			TEACHER				
BONNIE	OKRIDGE DR			ASSISTANT	· e · es . i .i	-		
	CITY NC 28043			c. Employer's Name/Sp	seeme Field	-		
TOREST	0111 110 20013			RUTH COUNTY	SCH	e. Election	Sum to Date	-
8						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
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Contr	ibutions fro	m Individuals		p	g of		Amenam Y	ent es No
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	ne, Mailing Address	& Phone		b. Job Title/Professio	on	d. Comme	nts	
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		T	15.5			\$	50.00	
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	GETT ROAD			c. Employer's Name/S	Specific Field			
UNION	MILLS NC 28167							
						e. Election	Sum to Date	Sec
						\$	150.00	
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	city, state, & zip)			CAR DEALER				
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	Y NC 28601			c. Employer's Name/S SELF	specific Field	-		
HICKOR	1 NC 28001			SELF		e Flection	Sum to Date	
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KAREN	GREENE							
	I BER DR			c. Employer's Name/S	Specific Field			
CONOV	ER NC 28613							
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5. Total of ALL CRO-1210 Pages

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Contributions from Individuals

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Contributions from Individuals

Amendment

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	tributor Inform			Add Re	move		
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Cont	tributions f	rom Individua	ıls	Pg	of	Amendment Yes No
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(This li		of Detailed Summary Pa	THE RESERVE AND PERSONS ASSESSMENT	A - CEL - C		
CKU-12	10		NC State Boa	rd of Elections		April 2007

Use this form to	report expenditures	from the commit	tee for; operating expenses,	contributions to	candidate/political
	coordinated party ex full Name (and Fun				A TOWNS INCOME.
FRANCIS FOR		u ii applicable)			2. ID Number PJ6D6N
3. Type of Disb		ise use separate (CRO-1310 forms for each t	vne of Dichurcer	
Operating E			ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
IMAGES SIGN					
440 US 74 HW	Y		c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 352.74
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	В	05/05/2010	\$352.74	SIGNS
				\$	
4. Payee Inforn	nation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
WALMART			1		
197 PLAZA DF	RIVER		c. Level Registered (Specify)		
FOREST CITY	NC 28043		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 64.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	С	06/08/2010	\$64.60	FOOD FUNDRAISER
				\$	
4. Payee Inform	ation	П	Add	Remove	11206-14
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
IMAGES					
440 US 74 HW	Y		c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 976.14
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	СНЕСК	В	06/14/2010	\$623.40	T SHIRTS
				s	
5. Total only thi	s Page			I.	\$
	CRO-1310 Pages				-
(This line goes in		mary Page CRO-110	0 if Contrib to Candidates/Politic		\$ 1040.74
	line 13c of Detailed Sum es (List detailed exp		0 if Coordinated Party Expenditu (h.) aboyo)	res)	* ILCONON TOT
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties	G - Politic		H* - Holding	g Public Office Expenses on to Legal Expense Fund
HOPE					

Disbursements

Amendment

Yes

No

In-Kind Contributions				Pg of		Amendment Yes No	
Use this form to report non-monetary contributions were CRO-1215 if In-Kind Contributions were	utions, donations, g e or will be refunde	goods or ed within	servi 7 da	ces provided to th	e com	mittee or fund.	
1. Committee Full Name (and Fund if appl				2.55	2 10	Number	
FRANCIS FOR SHERIFF	icusic)				2.10	PJ6D6N	
	Add	Remove	9				
a. Full Name, Mailing Address & Phone		b. Typ	e of (Contributor	c. Cor	nments	
(include city, state, & zip)		\boxtimes	Indi	vidual			
JERRY FRANCIS			Can	didate			
1220 6 TH ST NW			Part	у			
HICKORY NC 28601			PAC				
			Refe	erendum	d. Ele	ction Sum to Date	
			Oth	er Receipt Source	\$		
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
BBQ,SLAW,BUNS				06/05/2010)	\$ 167.50	
						\$	
						\$	
3. Contributor Information	Add	Remove	;			KSETTE AND	
a. Full Name, Mailing Address & Phone		b. Typ	e of C	ontributor	c. Con	nments	
(include city, state, & zip)		\boxtimes	Indi	vidual			
JILL FRANCIS			Can	lidate			
190 DARK CORNER ROAD			Part	<i>y</i>			
RUTHERFORDTON NC 28139			PAC				
			Referendum		d. Election Sum to Date		
			Otho	r Receipt Source	\$		
e. Description				f. Date (mm/dd/yyy	(y)	g. Fair Market Amount	
HOTDOGS, TABLE CLOTHS				06/05/2010)	\$ 45.00	
						\$	
						\$	
3. Contributor Information	Add	Remove					
a. Full Name, Mailing Address & Phone		b. Typ	e of C	ontributor	c. Con	nments	
(include city, state, & zip)		\boxtimes	Indiv	idual .			
CARRIE BOGGS		$\neg \neg$	Cano	lidate			
225 WOODRIDGE DR			Party				
RUTHERFORDTON NC 28139			PAC				
			Refe	rendum	d. Elec	tion Sum to Date	
			Othe	r Receipt Source	\$		
e. Description				f. Date (mm/dd/yyy	y)	g. Fair Market Amount	

c. Description

f. Date (mm/dd/yyyy)

g. Fair Market Amount

O6/11/10

\$
47.00

\$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

CRO-1510

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

Amendment **In-Kind Contributions** Yes

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number			
FRANCIS FOR SHERIFF				PJ6D6N	
	Remove				
a. Full Name, Mailing Address & Phone		Contributor	c. Cor	mments	
(include city, state, & zip)	-	dividual		\$15ex 105 to to 17	
COURTNEY HOUSER		andidate			
123 BEAR LANE		irty			
BOSTIC NC 28018	PA				
		eferendum	d. Elec	ction Sum to Date	
	Ot	ther Receipt Source	\$		
e. Description		f. Date (mm/dd/yy)	yy)	g. Fair Market Amount	
DESSERT		06/05/2010)	\$ 10.00	
				\$	
				\$	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Con	mments	
(include city, state, & zip)	Incl Inc	dividual			
ANGELA ALLEN	☐ Ca	ndidate			
246 ALLEN DRIVE	Par	rty			
RUTHERFORDTON NC 28139	☐ PA	.C			
	Re	ferendum	d. Elec	ction Sum to Date	
	Ot	her Receipt Source	d	SIX Wilder Control of	
			\$		
e. Description DESSERT		f. Date (mm/dd/yyy	/ y)	g. Fair Market Amount	
DESSERI		06/05/2010	,	\$ 15.00	
				\$	
				\$	
	Remove			1865 EV	
a. Full Name, Mailing Address & Phone		Contributor	c. Com	iments	
(include city, state, & zip)		lividual			
BETTY MURRAY		ndidate			
441 GRANDVIEW DRIVE	Par				
RUTHERFORDTON NC 28139	PA				
		ferendum	d. Elec	ction Sum to Date	
	Oth	her Receipt Source	\$		
e. Description		f. Date (mm/dd/yyy	/y)	g. Fair Market Amount	
DESSERT		06/05/2010		\$ 5.00	
				\$	
				\$	
4. Total only this Page			\$	30,00	
5. Total of ALL CRO-1510 Pages			\$	Acres de la constantina della	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			Φ		

No

In-Kind Contributions Use this form to report non-monetary contributions, donati	one goods on		Pg of		Amendment Yes No
Use CRO-1215 if In-Kind Contributions were or will be re	ons, goods or funded withir	servi 7 da	ces provided to th	e com	nittee or fund.
1. Committee Full Name (and Fund if applicable)	randed within	7 (14	уз.	2 10	Number
FRANCIS FOR SHERIFF				4.10	PJ6D6N
					130001
3. Contributor Information Add	Remov	e			
a. Full Name, Mailing Address & Phone	b. Ty	pe of C	Contributor	c. Cor	nments
(include city, state, & zip)		- 10001000	vidual		
LUCY BRADLEY		Can	didate		
264 DARK CORNER RD		Part	y		
RUTHERFORDTON NC 28139		PAC			
		Refe	erendum	d. Ele	ction Sum to Date
		Othe	er Receipt Source	· c	
				\$	
e. Description			f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
CHIPS, CHILI, SLAW, DESSERT			06/05/2010)	\$ 30.00
					\$
					¢
3. Contributor Information Add	Remov	0			\$
a. Full Name, Mailing Address & Phone			Contributor	e Cor	nments
(include city, state, & zip)	\boxtimes	7.0	vidual		
CAROLYN ALLEN			didate		
1070 PIEDMONT ROAD	15	Part			
RUTHERFORDTON NC 28139	ΙĦ	PAC			
		Refe	erendum	d. Ele	ction Sum to Date
		Otho	er Receipt Source	\$	
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount
DESSERT			06/05/2010)	\$ 15.00
					S
					\$
3. Contributor Information Add	Remov	e			
a. Full Name, Mailing Address & Phone			Contributor	c. Cor	nments
(include city, state, & zip)	🗵		vidual		
RENEE HENSLEY			didate		
910 DARK CORNER ROAD		Part			
RUTHERFORDTON NC 28139		PAC			
			erendum	d. Ele	ction Sum to Date
		Oth	er Receipt Source	\$	
e. Description			f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
DESSERT			06/05/2010)	\$ 6.00
					\$

CRO-1510 NC State Board of Elections December 2007

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

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\$

\$

5100

In-Kind Contributions					Amendment	
	- 1		Pg of	_		
Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded	ooas or s d within	gervi 7 da	ces provided to th ys.	e com	mittee or fund.	
1. Committee Full Name (and Fund if applicable)				2. ID Number		
FRANCIS FOR SHERIFF					PJ6D6N	
3. Contributor Information Add	Remove					
a. Full Name, Mailing Address & Phone	b. Type of Contributor		c. Comments			
(include city, state, & zip)		Indi	vidual			
DORIS FRANCIS		Can	didate			
3299 LAND HARBOR		Part	y			
NEWLAND NC 28657		PAC				
State and the state of the stat	Referendum		d. Election Sum to Date			
Oth		Otho	Other Receipt Source		d.	
					\$	
e. Description	•		f. Date (mm/dd/yy)	yy)	g. Fair Market Amount	
WATER, ICE, BEANS, DESSERT, DRINKS			06/05/2010)	\$ 81.00	
					\$	
					\$	
3. Contributor Information Add	Remove				1827(89) (888)(98)	
a. Full Name, Mailing Address & Phone b. Type of Contributor				o Co		
The state of the s				c. Comments		
(include city, state, & zip) TAMI PESATURO	12		didate			
2004 WHITE BIRCH TRL		Party				
WEDDINGTON NC 28104		PAC				
WEDDINGTON NC 28104	Referendum		d. Election Sum to Date			
		Other Receipt Source		\$		
			Ten in			
e. Description			f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
POTATO SALAD, DESSERT			06/05/2010)	\$ 20.00	
					S	
					\$	
3. Contributor Information Add	Remove					
a. Full Name, Mailing Address & Phone	Page March	of C	ontributor	c. Cor	mments	
(include city, state, & zip)	\boxtimes		vidual			
PAM MCGRAW	17	Cano	lidate			
132 BROOKRIDGE DR		Party	y			
FOREST CITY NC 28043		PAC				
		Referendum		d. Election Sum to Date		
		Othe	er Receipt Source	\$		
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount	

CHIPS, DESSERT

4. Total only this Page

5. Total of ALL CRO-1510 Pages

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06/05/2010

\$

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15.00

116.00